

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018890

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2427

STATE FILE NUMBER

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in lb
10 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION QUEEN OF THE WORLD HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY
OR TOWN

KANSAS CITY

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS

(If outside, give location)

2119 MONTGALL

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

MAE

Middle

BELLE

Last

BROOKS

4. DATE
OF DEATH

Month

Day

Year

MAY 1, 1962

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. Married ☐ - Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-14-1892

9. AGE (last birthday)

69 yrs

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Osborne County, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Thomas

13b. MOTHER'S MAIDEN NAME

Sarah Jane Chandler

14. NAME OF HUSBAND OR WIFE

Hiram Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

FLORINE BUFORD 2119 MONTGALL K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Cerebral arteriosclerosis

DUE TO (c)

Generalized arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour s.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-5-62

to 5-1-62

and last saw her him alive on 5-1-62

Death occurred at 4:50 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ruth U. Franklin Jr., M.D.

22b. ADDRESS

2701 E. 31st. K.C. Missouri

22c. DATE SIGNED

5-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

5-5-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Horton, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Watkins Bros. Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG.

5-4-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Curtis U. Franklin, M.D.

VS 300
Rev. 4/59

1

2 3338

3

4 1

5 2

6

7 1

8 2

9332X

10

11

12 63-c

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Dwight R. Watkins

Licensed Embalmer No. _____

4500

P. O. Address _____

18th & Benton

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.